

Blood-Stream Infection (CDC)

From: Wolfe, Rebecca [Rebecca.Wolfe@svh-mt.org]
Sent: Monday, November 30, 2009 4:57 PM
To: Blood-Stream Infection (CDC)
Subject: Blood-Stream Infection (CDC)

To Whom It May Concern:

My name is Becky Wolfe, and I am an Infection Preventionist at St. Vincent Healthcare in Billings, MT. In response to your request for public comment for the currently proposed Draft Guidelines for the Prevention of Intravascular Catheter Related Infections. I have read many of the comments submitted by other Infection Preventionists and agree with their comments (Polly Padgett and Debra Hagbert) which I am restating as well in my recommendations. I have also added a comment about the verbiage of "sponge" within the guidelines.

Currently the draft guideline calls for a 2% Chlorhexidine based skin antiseptic solution to be used for central venous catheter insertion. The current Infusion Nurse's Society Standards for Care (INS), the Society for Healthcare Epidemiology of America (SHEA), and the Infectious Diseases Society of America (IDSA) all have released recent guidelines that support the use of an alcoholic chlorhexidine solution containing a concentration of chlorhexidine gluconate (CHG) greater than 0.5% CHG. The current draft CDC document does not call for an alcoholic CHG solution, and only makes reference to a 2% CHG solution. I would urge the HICPAC committee to make a more inclusive recommendation that is in line with the current standards of other Infection Prevention organizations and change the guidelines verbiage to read "use an alcoholic Chlorhexidine gluconate solution greater than 0.5% CHG." This would minimize confusion amongst clinicians, and offer all patients the benefits of Chlorhexidine gluconate.

Additionally, the recommendation for use of CHG for insertion of peripheral intravenous catheters has been changed to isopropyl alcohol, which creates two standards of care for our patients. We would like one standard for care for our patients for all vascular access procedures. I would strongly urge the HICPAC committee to evaluate this request to be inclusive of all CHG containing skin antiseptics available under the formal approval of the Food and Drug Administration.

Many organizations have gone to cleaning of ports and hubs with either alcoholic Chlorhexidine (CHG preferred) or 70% isopropyl alcohol to be consistent with that of other organizations such as SHEA. Therefore, my recommendation would be to word this particular piece as "before accessing catheter hubs or injection ports, clean them with an alcoholic chlorhexidine preparation or 70% alcohol to reduce contamination." This will give clarity to clinicians about the appropriate cleaning of these devices that serve as sources for contamination.

Finally, the verbiage of "chlorhexidine impregnated sponge dressings" and "Chlorhexidine impregnated dressings" are not consistent and lead to confusion. Implying the word "sponge" in the standards may lead to confusion for organization that use new Chlorhexidine dressings that have impregnated gel pads on transparent dressings. In no other parts of the draft document did I see verbiage as to "type" of supplies to be used other than in the dressings. The original position paper by SHEA was submitted before CHG gel pad dressings were released. I propose the elimination of the word "sponge" in the guidelines and leave the verbiage as "Chlorhexidine impregnated dressings" as the standard.

Thank you for your consideration. If you have any questions, please feel free to contact me directly using the contact information below.

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